



**EVEN IF YOU BELIEVE YOU ARE NOT ELIGIBLE FOR AN INITIAL DISTRIBUTION, YOU SHOULD STILL FILE A CLAIM NOW TO BE ELIGIBLE FOR ANY SUBSEQUENT DISTRIBUTION.**

***DEADLINE FOR ALL INVESTORS AND CREDITORS TO SUBMIT CLAIMS TO RECEIVER:***  
***\_\_\_\_\_, 2014***

### **GENERAL INSTRUCTIONS**

1. In order to recover compensation to which you may be entitled as an Eligible Claimant (as defined in the Legal Notice) in the above-captioned matter, you must complete, and on page 8 hereof, sign this Proof of Claim Form (the “Proof of Claim”). If you fail to timely submit a Proof of Claim and/or provide supporting documentation (as discussed herein) your claim may be rejected and you may be precluded from any recovery from the Price Fraud Fund created in connection with the Receiver’s Distribution Plan.
2. Submission of this Proof of Claim, however, does not assure that you will share in the proceeds of the Price Fraud Fund, or that if you do receive a distribution, you will be fully compensated for your loss. The Receiver is providing this notice of the proposed claims administration process and initial distribution plan to all investors and creditors of the Defendants and encourages all investors and creditors to submit a claim against the Receiver Estate, regardless of
3. *Although a claim may not be “allowed” initially such that the claimant would be entitled to receive an initial distribution from the Price Fraud Fund pursuant to the present requirements set forth in the Plan, subsequent interim distributions may modify and/or change the threshold allowance requirements such that an initially disallowed claim may be subsequently allowed for purposes of those subsequent distributions. Therefore, it is imperative that all investors and creditors, regardless of whether they believe their claim may be allowed or disallowed, submit a claim to the Receiver on or before the deadline set forth in this Notice.*

4. You must send, by U.S. mail, FedEx or other express delivery service, or other secure method of delivery, your completed and signed Proof of Claim to the Receiver postmarked on or before **[40 days after the Plan Approval Date]**, 2014 to the following address:

Melanie E. Damian, Receiver – Price Fraud Fund  
c/o Damian & Valori LLP  
1000 Brickell Avenue, Suite 1020  
Miami, Florida 33131

5. If you are NOT an Eligible Claimant, as that term is defined in the Receiver's Motion to Approve Claims Procedure and Plan of Distribution, DO NOT submit a Proof of Claim.

### **INSTRUCTIONS FOR CLAIM FORM**

1. Please complete the "Claimant Information" section on page 4, which identifies each investor or creditor that invested in the Price Investment Scheme (each, a "Price Investor") or to whom any of the Defendants are indebted. Some of the Claimant Information may have been provided for you based on information provided to the Receiver. Any incomplete or incorrect information must be completed and/or corrected by the Price Investor or the Price Investor's legal representative. If investments were made jointly, all joint Price Investors must sign this Proof of Claim. Executors, administrators, guardians, conservators, and trustees of Price Investors must complete and sign this form on behalf of persons represented by them, their titles and capacities must be stated, and documentation establishing their authority must accompany this Proof of Claim. The Social Security (or taxpayer identification) number and telephone number of the Price Investor may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim and/or result in rejection of the claim.
2. Use the Table "A" form entitled "Transactions in the Price Investment Scheme" to supply all required details of your investment(s) in the Price Investment Scheme. On Table "A", please provide all of the requested information with respect to all of your investments in the Price Investment Scheme that took place during the Price Fraud Period and all of your investment returns from the Price Investment Scheme, whenever they may have occurred. You should identify all pertinent investments and returns

regardless of whether each transaction resulted in a profit or loss. Failure to report accurately all such transactions may result in the rejection of your claim. You must accurately provide the date and amount of each such investment or return. The Receiver may have included information on Table “A” for your benefit based on the information obtained. If such information is correct, then you should sign and verify the form. If it is not correct, then please make the appropriate corrections and provide supporting documentation.

3. If you make a change to the claim form information provided by the Receiver, written or e-mailed confirmations or other documentation of your transactions in the Price Investment Scheme should be attached to your claim. If you already have provided such materials to the Receiver, please check the box that states “Documents Already Provided to Receiver.” Failure to provide this documentation could delay verification of your claim and/or result in rejection of the claim.

**PRICE FRAUD FUND**  
**PROOF OF CLAIM FORM**

**Proof of Claim Checklist:**

1. Please complete the Claimant Information below and the Proof of Claim and Release on Page 8.
2. Please list your investment transactions or amount of indebtedness on Table “A” and attach supporting documentation.
3. Please detach and send pages 5-8 of the Proof of Claim, together with a copy of the supporting documentation, by U.S. mail, FedEx or other express delivery service, or other secure method of delivery, to the Receiver at the address below no later than **[40 days after the Plan Approval Date]**, 2014. Please keep a copy of your claim and supporting documentation for your records. If you have any questions regarding the Proof of Claim, please contact the Receiver at:

Melanie E. Damian, Receiver – Price Fraud Fund  
c/o Damian & Valori LLP  
1000 Brickell Avenue, Suite 1020  
Miami, Florida 33131  
(305) 371-3960

**I. CLAIMANT INFORMATION (Please print or type)**

Check here if this is a corrected or amended Proof of Claim form: \_\_\_\_\_

Date(s) of prior Proof of Claim form filings: \_\_\_\_\_

Check here if you already provided supporting documentation to the Receiver:  
\_\_\_\_\_

1. \_\_\_\_\_  
Name of Claimant (If an individual, enter Last, First and Middle)
2. \_\_\_\_\_  
Claimant's Social Security or Taxpayer Identification Number
3. \_\_\_\_\_  
Name of Joint Claimant, if applicable. (If an individual, enter Last, First and Middle)
4. \_\_\_\_\_  
Joint Claimant Social Security or Taxpayer Identification Number
5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Claimant's Street Address, including City, State and Zip Code  
\_\_\_\_\_  
Claimant's Foreign Province or Foreign Country (if applicable)
6. \_\_\_\_\_  
Daytime Telephone No.                      Evening Telephone No.

**II. TRANSACTIONS IN PRICE INVESTMENT SCHEME – INVESTMENTS IN AND DISTRIBUTIONS FROM PRICE INVESTMENT SCHEME**

**TABLE A – Enter the information requested below for ALL AMOUNTS INVESTED IN, AND RECEIVED FROM, PRICE INVESTMENT SCHEME. See Instructions on Page 1.**

<b>Investment / Indebtedness Amount</b>	<b>Transaction Date</b>	<b>Account(s) FROM which Your Investment was made</b>	<b>Account(s) and Name(s) of Person or Entity TO which Your Investment was made</b>
\$			
\$			
\$			
\$			
\$			
\$			
\$			

<b>Amount of Monies Returned to You</b>	<b>Date Monies Returned to You</b>	<b>Account(s) and Name(s) of Person or Entity FROM which Monies were returned to You</b>	<b>Account(s) TO which Monies Returned to You</b>
\$			
\$			
\$			
\$			
\$			
\$			
\$			

If you need additional space, please attach additional pages formatted in the same manner as Table A.

### **III. CERTIFICATION AND RELEASE**

Each of the undersigned separately represents and certifies that each such person or entity:

1. Did not receive a return of investment equal to or in excess of the amount(s) invested, and did not realize an aggregate net profit from combined investments in the Price Investment Scheme and monies received from the Price Investment Scheme. Table A of this Proof of Claim Form accurately records, to the best of the undersigned's knowledge and understanding, all transactions in connection with the Price Investment Scheme, including amounts invested in and received from that Scheme.

2. The total amount that such investor or creditor transferred to Defendants and/or their affiliates exceeds the total amount that Defendants and/or their affiliates transferred back to such investor or creditor, and that the total amount transferred back to the investor or creditor was less than 65% of the total amount that such investor or creditor invested with or transferred to Defendants and/or their affiliates.

3. Was not an affiliate, family member or insider of any Defendant, affiliate of any Defendant, or the Price Investment Scheme.

4. Did not knowingly assist any Defendant or affiliate of any Defendant to effectuate, perpetuate or promote the Price Investment Scheme or have knowledge of its fraudulent nature at the time of the investment.

5. Is not and/or has not been an affiliate, family member or insider of the Price Investment Scheme, and did not knowingly assist Defendants to effectuate, perpetuate or promote such Scheme or have knowledge of its fraudulent nature at the time of the investment.

3. If executing this Proof of Claim Form on behalf of a corporation, partnership or other entity, possesses all requisite power and authority to execute this form, to grant the Release provided below, and to do all other things necessary and appropriate in connection with the submission of this Proof of Claim Form.

4. Consents to the Receiver's and her agents' use of any of the information provided herein including, but not limited to, Social Security (or taxpayer identification) numbers, address, telephone number, brokerage account and trading information in any way deemed appropriate for verification of the claim.

5. Submits to the jurisdiction of the United States District Court for the Northern District of Georgia (the "Court") in connection with any matter relating to the administration of the Price Fraud Fund and the processing and disposition of this Proof of Claim Form; waives trial by jury, to the extent such a right exists; and agrees to the

Court's summary disposition of the determination of the validity or the amount of the claim made by this Proof of Claim Form, all in accordance with the Distribution Plan.

6. Upon receipt and acceptance of any distribution from the Price Fraud Fund, fully, finally and forever waives, releases and relinquishes any and all claims of any kind, nature or description whatsoever that the undersigned may now, or at any time in the future, have against each of the Receiver, the Price Fraud Fund, and their respective employees, agents and affiliates, whether known or unknown, that arise out of or relate in any manner to the performance by such persons of their respective duties and responsibilities under the Distribution Plan, including, without limitation, the administration of the Price Fraud Fund.

Each of the undersigned declares under penalty of perjury under the laws of the United States of America (and the applicable laws of any other jurisdiction) that the statements made and the answers given in this Proof of Claim Form are true and correct, and that the documents submitted herewith are true and genuine.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_ (Month/Year)  
in \_\_\_\_\_. (City, State, Country)

CLAIMANT (Individuals, Corporations, Partnerships, Other Entities)

\_\_\_\_\_  
Signature of Claimant or Authorized Signatory

\_\_\_\_\_  
Print or Type Name of Claimant

\_\_\_\_\_  
Capacity of person signing above  
(*e.g.*, Beneficial Owner, Executor, Administrator, Other)

\_\_\_\_\_  
Signature of Joint Claimant (if any)

\_\_\_\_\_  
Print or Type Name of Joint Claimant (if any)

\_\_\_\_\_  
Capacity of person signing above  
(*e.g.*, Beneficial Owner, Executor, Administrator, Other)